

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/30/2007
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (P1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 096130 | (P2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (P3) DATE SURVEY COMPLETED C 11/13/2007 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

IDI

STREET ADDRESS, CITY, STATE, ZIP CODE
6620 1ST STREET, NW
WASHINGTON, DC 20012

| (P4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (P5) COMPLETION DATE |
|--------------------------|---|---------------------|--|----------------------------|
| W 000 | INITIAL COMMENTS On 11/8/2007, the Department of Health received notice of Client #1's death. The incident report revealed that on 9/11/2007, Client #1 was hospitalized for repeated episodes of emesis. The client remained in the hospital until her demise on 11/6/2007. Due to the nature of this incident, an on-site investigation was initiated on 11/9/2007. Although there was no evidence that the facility was negligent in the death of this client, incidental findings revealed the facility was out of compliance with standard level requirements. The deficiencies identified in this report were based on nursing staff interviews, senior management interviews and record reviews. The findings were also based on review of clinical and medical records as well as a review of the unusual incident reports. | W 000 | | |
| W 159 | 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of service to manage the follow-up of medical recommendations. The finding includes: The facility's QMRP failed to ensure that all medical recommendations were reviewed and assessed by the primary care physician to ensure | W 159 | W159 This Standard will be met as evidenced by: Reference response to W322. | 12-21-07 ongoing |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mancy French

TITLE

Director Residential Services

(P6) DATE

12/10/07

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution has provided sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 159 | Continued From page 1 the health and safety of its residents. [Reference W322] | W 159 | | |
| W 322 | 483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure a client received the proper fluid intake and failed to monitor a client's elimination as recommended. The finding includes: Client #1's Annual Medical Evaluation dated 10/2006 recommended that the facility monitor this client for constipation and recommended that this client fluid intake be monitored to prevent hypernatremia and dehydration due to her frequent vomiting and other gastric complications. The facility's nurse was interviewed on 11/09/07 at 1:35pm and she verified that this client's record reflects that she was hospitalized seven times over the past year for different gastric complications surrounding her frequent emesis. A review of the medical records presented at the time of survey revealed that none of her fluid intakes were being monitored and recorded as recommended. In addition, the only bowel movement records on file at the time of survey were dated 4/2007 and 9/2007. There was no evidence that any documentation was kept and monitored over the other ten months of the past certification year despite the primary care physician's recommendations. | W 322 | W322 This Standard will be met as evidenced by: RN will review information and provide additional staff training as needed. Nursing/Management staff have been directed to locate purged records to support documentation prior to April 2007. RN will continue to conduct routine file audits and reviews, check documentation and provide follow- up as needed to address concerns/issues as they arise. | 12-21-07 |
| W 331 | 483.460(c) NURSING SERVICES The facility must provide clients with nursing | W 331 | | |

IRM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7L1911

Facility ID: 09G130

If continuation sheet Page 2 of 3

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NAME OF PROVIDER OR SUPPLIER

ID1

STREET ADDRESS, CITY, STATE, ZIP CODE

6520 1ST STREET, NW

WASHINGTON, DC 20012

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| W 331 | <p>Continued From page 2</p> <p>services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review the facility's nursing staff failed to ensure the review and assessment of a consulting physician's recommendation for a change in treatment. The finding includes: Client #1 was taken to the Emergency Room at a local hospital on 9/4/2007 and later released and diagnosed with Gastritis. This client was hospitalized three times earlier in the year for other gastric complications as well. The attending physician for the 9/4 hospital visit recommended that Client #1 be provided a "Phenergen suppository for nausea before meals". This recommendation was made as part of the discharge treatment plan as a means of managing this client's gastric complications (emesis). The facility's nurse was interviewed on 11/09/07 at 1:40pm and she indicated the only time Client #1 received her Phenergen treatment was after she began to regurgitate her food. A review of the records on hand at the time of survey failed to resolve any situation where this recommendation had either been implemented, assessed by the primary care or ruled out as being a course of treatment. The facility's nursing staff failed to ensure this recommendation was passed on to the primary care physician and assessed against her treatment needs.</p> | W 331 | <p>W331</p> <p>This Standard will be met as evidenced by:</p> <p>RN will review client #1's record.</p> <p>RN will address nursing staff and the failure to document follow-up on all hospital documentation/s.</p> <p>RN will continue to conduct routine file audits and reviews, check documentation and follow-up as needed.</p> | 12-21-07 |

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| NAME OF PROVIDER OR SUPPLIER (DI) | | STREET ADDRESS, CITY, STATE, ZIP CODE 6528 1ST STREET, NW WASHINGTON, DC 20012 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| 1 000 | <p>INITIAL COMMENTS</p> <p>On 11/8/2007, the Department of Health received notice of Resident #1's death.</p> <p>The incident report revealed that on 9/21/2007, Resident #1 was hospitalized for repeated episodes of emesis. The resident remained in the hospital until her demise on 11/8/2007.</p> <p>Due to the nature of this incident, an on-site investigation was initiated on 11/9/2007. Although the facility was found not to be negligent in the death of this resident, incidental findings revealed the facility was out of compliance with standard level requirements as cited below.</p> <p>The deficiencies identified in this report were based on nursing staff interviews, senior management interviews and record reviews. The findings were also based on review of clinical and medical records as well as a review of the unusual incident reports.</p> | 1 000 | <p>1379 3519.10</p> <p>This Statute will be met as evidenced by:</p> <p>1. QMRP will review all hospitalizations for client #1 and forward outstanding investigations as needed.</p> <p>2. Reference response to #1.</p> <p>QMRP will continue to file all incident reports and conduct investigations immediately to ensure that the timelines are adhered to. Additionally, QMRP will maintain verification on file to support that investigations were investigated and sent as stipulated in the regulation.</p> | 12/20/07 on going | |
| 1 379 | <p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review the</p> | 1 379 | | | |

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

Nancy March

Director Residential Services

(X6) DATE

12/10/07

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If continuation sheet 1 of 2

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| 1379 | <p>Continued From page 1</p> <p>facility failed to ensure the proper notification and investigation of a resident's hospitalization as required by this section.</p> <p>The finding includes:</p> <p>1. Resident #1 was hospitalized on 12/28/2006, 4/13/2006 and again on 9/21/2007 for various gastric complications. The facility's nurse was interviewed on 11/09/07 at 1:33 pm and she verified that this resident was hospitalized on the dates presented above. The facility's residential director was interviewed on 11/10/2007 at approximately 11:05am and she presented all the incident reports that were on file at that time. There was no evidence on file or presented at the time of survey to substantiate that these hospitalizations were investigated as stipulated in this regulation.</p> <p>2. Resident #1 was hospitalized on 8/9/2007, 8/22/2007, 9/4/2007, 9/20/2007, and again on 9/21/2007 for various gastric complications. The facility's nurse was interviewed on 11/09/07 at 1:35pm and she verified that this resident was hospitalized on the dates presented above. The facility's residential director was interviewed on 11/10/2007 at approximately 11:10am and she presented all the investigative reports that were on file at that time. A second set of investigations were submitted to the state agency on 11/16/2007 and none of the above hospitalizations were included in the set of investigations that were received. There was no evidence on file or presented at the time of survey to substantiate that these hospitalizations were investigated as stipulated in this regulation.</p> | 1379 | | | |

Health Regulation Administration
STATE FORM

71J911

If continuation sheet 2 of 2